Department of Homeland Security U.S. Coast Guard CG-719K (Rev 03/04)

### **Merchant Mariner Physical Examination Report**

OMB 1625-0040 Expires 07/31/2009

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### Instructions

#### If you are applying for:

- 1. ORIGINAL LICENSE AND/OR QUALIFIED RATING DOCUMENT (i.e., First Rating of Able Seaman, Qualified Member of the Engine Department, and Tankerman) Submit this report, completed by your physician.
- 2. RENEWAL OF LICENSE AND/OR QUALIFIED RATING DOCUMENT You may:
  - Submit this report, completed by your physician; or
  - Submit a certification by a physician in accordance with Title 46, CFR, 10.209(d) or 12.02-27(d).
- 3. RAISE-IN-GRADE (LICENSES) You may:
  - Submit this report, completed by your physician; or
  - Submit a certification by a physician in accordance with Title 46, CFR, 10.207(e).

## Instructions for Licensed Physician / Physician Assistant / Nurse Practitioner

The U. S. Coast Guard requires a physical examination / certification be completed to ensure that all holders of Licenses and Merchant Mariner Documents are physically fit and free of debilitating illness and injury. Physicians completing the examination should ensure that mariners:

- Are of sound health.
- Have no physical limitations that would hinder or prevent performance of duties.
- Are physically and mentally able to stay alert for 4 to 6-hour shifts.
- Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.

#### Below is a partial list of physical demands for performing the duties of a merchant mariner in most segments of the maritime industry:

- Working in cramped spaces on rolling vessels.
- Maintaining balance on a moving deck.
- Rapidly donning an exposure suit.
- Stepping over doorsills of 24 inches in height.
- Opening and closing watertight doors that may weigh up to 56 pounds.
- Pulling heavy objects, up to 50 lbs. in weight, distances of up to 400 feet.
- Climbing steep stairs or vertical ladders without assistance.
- Participating in firefighting and lifesaving efforts, including wearing a self-contained breathing apparatus (SCBA), and lifting/controlling fully charged fire hoses.
- 1. Detailed guidelines on potentially disqualifying medical conditions are contained in Navigation and Vessel Inspection Circular (NVIC) 02-98. Physicians should be familiar with the guidelines contained within this document. NVIC 02-98 may be obtained from <a href="https://www.uscg.mil/hg/g-myindex.or">www.uscg.mil/hg/g-myindex.or</a> by calling the nearest USCG Regional Examination Center.
- 2. Examples of physical impairment or medical conditions that could lead to disqualification include impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgment or reaction time are potentially disqualifying and will require a detailed evaluation.
- 3. Engineer Officer, Radio Officer, Offshore Installation Manager, Barge Supervisor, Ballast Control Operator, QMED and Tankerman applicants need only to have the ability to distinguish the colors **red**, **green**, **blue** and **yellow**. The physician should indicate in Section IV the method used to determine the applicant's ability to distinguish these colors.
- 4. This applicant should present photo identification before the physical examination/certification.

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#### **Privacy Act Statement**

As required by Title 5 United States Code (U.S.C.) 552a(e)(3), the following information is provided when supplying personal information to the U.S. Coast Guard.

- 1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101(c)-(e), 7306(a)(4), 7313(c)(3), 7317(a), 8703(b), 9102(a)(5).
- 2. Principal purposes for which information is used:
  - a. To determine if an applicant is physically capable of performing shipboard duties.
  - b. To ensure that a duly licensed Physician/Physician Assistant/Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
- 3. The routine uses which may be made of this information;
  - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and the applicant is physically competent to hold a merchant mariner license or document.
  - b. The information becomes part of the total license or document file and is subject to review by federal agency casualty investigators.
  - c. This information may be used by the U. S. Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
- 4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a license and/or merchant mariner's document.

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number". The Coast Guard estimates that the average burden for completing this form is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to the; Commanding Officer, U.S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management & Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

Department of Homeland Security U.S. Coast Guard CG-719K (Rev 03/04)

# **Merchant Mariner Physical Examination Report**

OMB 1625-0040 Expires 07/31/2009

Section I – Applicant Information							
Name (Last, First, Middle) of Applicant							
Date of Birtl	Date of Birth (Month, Day, Year)  Social Security Number						
Section	II - Physical Informa	tion					
Eye Color		Hair Color		Weight	lbs	Distinguishing Marks	
Height	ftin	Blood Pressure Syste		/ Diastolic		Pulse Resting	regular
Section	III - Vision (if you hav	o corrected	vicion I	OTH upco	rrooted & co	rected MUST be shown)	
	CORRECTED	CORRE			riected & col	FIELD OF VISION	
Right 20		Right 20 /	CIAD		□Normal	The applicant must have 100	,
_		Left 20 /	***************************************		Abnormal	degrees horizontal field of vi	
Section	IV - Color Vision						
□P						rs, able-seaman) must be teste	đ
Psei	ıdoisochromatic Plates	asing one of tu	e ionowini	tests, For al		ratings, see page 1, note 3.  Green Perception Lantern	7
	vivorine - 2nd Edition				<del>-</del>	th Lantern (FALANT)	
						,	
l	OC Revised Edition				☐ Keystone	•	
					•	Telebinocular	
	OC - HRR					7- School of Aviation Medicine	
∐∐Is	shihara 16, 24, 38 Plate Edition					ptical Vision Test	
					□Williams	Lantern	
Section	V - Hearing						
	ORMAL   IMPAIRED	(If impaired, cor	nplete Audi	ometer and Fu	nctional Speech D	viscrimination Test)	
	Audiometer (Threshold Value)	500 Hz		1000 Hz	2000	Hz 3000 Hz	
	Right Ear (Unaided)						
	Left Ear (Unaided)						
	Right Ear (Aided)						
	Left Ear (Aided)						
_			Right Ear	(Unaided)	%	Left Ear (Unaided)	%
Functional Speech Discrimination Test at 55 dB  Right Ear (Aided)% Left Ear (Aided)%						%	
Section VI - Medications							
List all current medications, including dosage and possible side effects.							
State the condition(s) for which the medication(s) are taken.  MEDICATIONS							
1							

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OMB 1625-0040 Expires 07/31/2009

Sec	Section VII – Certification of Physical Impairment or Medical Conditions							
Does the applicant have or ever suffered from any of the					tify the condition		Date of diagnosis	
following?			If YES:	• Any	limitations	• F	Prognosis	
If YES, PROVIDE TEST RESULTS, AS INDICATED.				• Is c	ondition controlled			
Yes	No	1. Circulatory System			Remarks	(Please Pi	rint)	
		a. Heart disease (Stress Test within the past year)						
		b. Hypertension (Recent BP reading)						
		c. Chronic renal failure						
		d. Cardiac surgery (Stress Test within the past year)						
		e. Blood disorder/vascular disease						
		Digestive System     Severe digestive disorder						
		Endocrine System     a. Thyroid dysfunction (TSH level within the past year)						
		b. Diabetes (State effects on vision & HgbAlc w/in 30 days)						
		4. Infectious						
		a. Communicable disease b. Hepatitis A, B or C						
		c. HIV						
		d. Tuberculosis						
	<b></b>							
<u> </u>	<b></b>	5. Mental System						
		a. Psychiatric disorder						
	ļ	b. Depression						
		c. Attempted suicide d. Alcohol abuse						
	ļ	e. Drug abuse						
	<u> </u>	f. Loss of memory						
	<del> </del>	6. Musculoskeletal System						
	├	a. Amputations						
	<u> </u>	b. Impaired range of motion						
	<del> </del>	c. Impaired balance/coordination						
	<del> </del>							
<u> </u>	╂	7. Nervous System a. Epilepsy/seizure						
	<b>-</b>	b. Dizziness/unconsciousness						
	<del> </del>	c. Paralysis						
	╂──	8. Respiratory System						
<u> </u>	-	a. Asthma (PFT results within the past year)						
<u> </u>	<del> </del>	b. Lung disease (PFT results within the past year)						
	-	9. Other						
<b> </b>	<del> </del>	a. Debilitating allergies						
	<del>                                     </del>	b. Other eye disease (Corrected/Uncorrected Visual acuity)						
<b></b>	1	c. Glaucoma (Pressure test results within the past year)						
<u> </u>	1	d. Recent or repetitive surgery						
<b> </b>	1	e. Sleepwalking						
	1	f. Severe speech impediment						
	1	g. Other illness or disability not listed						
Cons	iderin	the findings in this examination, and noting the physical de	mands that i	nay be pl	aced		□ Not	Needing
upon	the ap	plicant, I consider the applicant (please check one)			☐ Con	petent	competent	further review
Nam	e of Ph	ysician/Physician Assistant/Nurse Practitioner License Number	r Tele	phone Nu	nber	Office A	Address, City, Stat	
	0111	, o.					•	•
<u></u>								
		of Physician/Physician Assistant/Nurse Practitioner	Date					
I cert	ify tha	t all information provided by me is complete and true to the bes	t of my know	ledge				
X.	Sienes	ture of <u>Applicant</u>					Date	
A. X4.	Jigna	are or valuemer						

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Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503.

Department of Transportation
U.S. Coast Guard
CC 710V (Day 1/02)

OMB-2115-0514

Section I — Applicant Information								
	First, Middle) of Applicant					***************************************		
Date of Birth	(Month, Day, Year)	The second secon		Social Security Number				
Section	II - Physical Informatio	<b>.</b>				\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Eye Color	II - FilySical informacio	Hair Color	Weight	Distinguis	sning Marks			
Height		Blood Pressure	.lbs					
Height ,ft	in	Systolic / Diastolic	<b>&gt;</b>	Pulse Rest	iting Regular Irreg	jular		
		e corrected vision, BO		corrected MUST be s	hown)			
	CORRECTED	CORRECTAB	LE TO	FIELD OF	FVISION			
Right 20 / Left 20 /		Right 20 /	# I I	H degree	applicant must have 100 rees horizontal field of vision	ļ		
	IV — Color Vision	Len zu /		Abnormal				
		Deck Officers/Ratings (mast	sters, mates, pilots, opera	itors, able-seaman) must be	e tested			
لنتنبا	PASS FAIL	using one of the following te	ests. For all other license	es/ratings, see page 1, note 3.		<del>_</del>		
	udoisochromatic Plates			Eldridge - Green Percept		] '		
لنقا	Divorine - 2nd Edition			Farnsworth Lantern (FA	LANT)	'		
A	AOC			Keystone Orthoscope				
A	AOC Revised Edition			Keystone Telebinocular		***************************************		
. I∏A	AOC - HRR			SAMCTT- School of Av	viation Medicine			
Is	Shihara 16, 24, 38 Plate Edition			Titmus Optical Vision Te	est	***************************************		
- مبا				Williams Lantern				
Section'	V - Hearing			[100 Aug 100 A		7		
† <u> </u>						~9		
<u> </u>	NORMAL IMPAIRED (I	If impaired, complete Audiomet	ter and Functional Speech	1 Discrimination Test)		Ĩ		
The second secon	Audiometer (Threshold Value)	500 Hz	1000 Hz	2000 Hz	3000 Hz	e.r		
***************************************	Right Ear (Unaided)							
	Left Ear (Unaided)							
	Right Ear (Aided)							
	Left Ear (Aided)					<b>-</b>		
Functional S	Speech Discrimination Test at 55 d	1 -	ar (Unaided)	% Left Ear (Unaided)	<b>%</b>	***************************************		
Functional C	beech risermination researce		ar (Aided)%	Left Ear (Aided)	<b>%</b>			
Section \	VI - Medications	18						
	ent medications, including dosage				NO PRESCRIPTION	***************************************		
State the con	ndition(s) for which the medication	n(s) are taken.		。 · · · · · · · · · · · · · · · · · · ·	MEDICATIONS	HERIOTES S		
				4 (20) (4) (4) (4)				
THE MEDITION OF								
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Department of Transportation U.S. Coast Guard CG-719K (Rev 1/02)

# **Merchant Mariner Physical Examination Report**

OMB-2115-0514

Section VII — Certification of Physical Impairment of	r Medical	Conditions			
Does the applicant have or ever suffered from any of the		<ul> <li>Identify the condition</li> </ul>	1	<ul> <li>Date of diagnosis</li> </ul>	
following? If YES, PROVIDE TEST RESULTS, AS INDICATED.	If YES:	<ul> <li>Any limitations</li> </ul>		Prognosis	
Commence of the second		Is condition controll	eđ		
Yes No 1. Circulatory System	Assertation (Contribution of the	Remar	cs (Please Prin	nt)	1 3000 1 444
a. Heart disease (Stress Test within the past year)				발생 하다는	
b. Hypertension (Recent BP reading)					
c. Chronic renal failure	. 5.00		Jacobski.		
d. Cardiac surgery (Stress Test within the past year)					
e. Blood disorder/vascular disease					
2. Digestive System					
a. Severe digestive disorder					
3. Endocrine System			40.000		
a. Thyroid dysfunction (TSH level within the past year)					
b. Diabetes (State effects on vision & HgbAlc w/in 30 days)	20 (4) (5) (5) (4) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6				
4. Infectious					
a. Communicable disease				但是不是 100000000000000000000000000000000000	
b. Hepatitis A, B or C					
c. HIV			AND CONTRACTOR OF Manager of the Con-		
d. Tuberculosis					
5. Mental System					<b>的意思的模型</b>
a. Psychiatric disorder					
Section   Sect					
Report   Co. Attempted suicide	5- (1) (0) (4- A)				
d. Alcohol abuse					
e. Drug abuse					
f. Loss of memory					
6. Musculoskeletal System	° 1				
a. Amputations			15 et 12 egg		
b. Impaired range of motion					
c. Impaired balance/coordination					
	•				
7. Nervous System					
a. Epilepsy/seizure					
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d. Recent or repetitive surgery		ang sa Sanata in a			
e. Sleepwalking					
f. Severe speech Impediment					
g. Other illness or disability not listed	SALTHON STORES	· · · · · · · · · · · · · · · · · · ·	Assistant and a second	sanan ing manan sa sa	-6
Considering the findings in this examination, and noting the physical demands that ma upon the applicant, I consider the applicant (please check one)	y be placed		ompetent	Not competent	Needing further review
Name of Physician/Physician Assistant/Nurse Practitioner License Number	Telephon	e Number	Office A	Address, City, State, Z	p
Signature of Physician/Physician Assistant/Nurse Practitioner	Date				
I certify that all information provided by me is complete and true to the best of my knowledges.	ge .			Date	
X Signature of Applicant					